Fill in this inforr	mation to identify your	case:			
Debtor 1	Samuel Dean Joh	inson			
	First Name	Middle Name	Last Name		
Debtor 2	Lois M. Johnson				
(Spouse if, filing)	First Name	Middle Name	Last Name	_	
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRIC	T OF MISSISSIPPI		
	25-00133-JAW				
(if known)					Check if this is an amended filing
If two married pe You must file this obtaining money	eople are filing togethers s form whenever you fi	n connection with a bar	onsible for supplying	correct information. ules. Making a false stat	tement, concealing property, or 00, or imprisonment for up to 20
Sigr	n Below				
Did you pay	y or agree to pay some	one who is NOT an atto	orney to help you fill o	ut bankruptcy forms?	
■ No					
☐ Yes. N	lame of person				akruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	Ity of perjury, I declare e true and correct.	that I have read the sur	mmary and schedules	filed with this declaration	on and
X /s/ Sam	nuel Dean Johnson		X /s/ Lois	M. Johnson	
	I Dean Johnson			Johnson	

Signature of Debtor 1

Date February 3, 2025

Signature of Debtor 2

Date February 3, 2025

Fill in this info	ormation to identify your	case:		
Debtor 1	Samuel Dean Joh	nson Middle Name	Last Name	
Debtor 2	Lois M. Johnson			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	SOUTHERN DISTRIC	T OF MISSISSIPPI	
Case number	25-00133-JAW			
(if known)				☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	570,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	299,481.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	869,481.00
Par	t 2: Summarize Your Liabilities		
			liabilities int you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	465,299.36
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	382.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	703,557.13
	Your total liabilities	\$	1,169,238.49
Par	t 3: Summarize Your Income and Expenses		
١.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,603.74
-	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	8,755.64
aı	t 4: Answer These Questions for Administrative and Statistical Records		
	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other s	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose " 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159	a persona	al, family, or

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Debtor 2	Samuel Dean Johnson Lois M. Johnson	Case number (if known)	25-00133-	JAW
	n the <i>Statement of Your Current Monthly Income</i> : Copy A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line		ficial Form	\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
9g. Total. Add lines 9a through 9f.	\$

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						-		
Fill in this info	rmation to identify	your case and th	nis filinç	j :				
Debtor 1	Samuel Dear	n Johnson						
	First Name		e Name	Last Name				
Debtor 2 (Spouse, if filing)	Lois M. John		e Name	Last Name				
United States B	sankruptcy Court for	the: SOUTHER	N DIST	RICT OF MISSISSIPPI				
Case number	25-00133-JAW							Check if this is ar amended filing
_	orm 106A/B le A/B: Pr	-					i	12/15
nink it fits best. nformation. If mo nswer every que	Be as complete and a pre space is needed, a estion.	ccurate as possibl ttach a separate s	le. If two heet to t	only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages	equally resp	onsible for su	pplyii	ng correct
Part 1: Describe	e Each Residence, Bu	ilding, Land, or Ot	her Real	Estate You Own or Have an Interest In				
□ No. Go to Pa ■ Yes. Where	art 2.		What	is the property? Check all that apply				
	gnolia Drive			Single-family home				r exemptions. Put
Street address	s, if available, or other desc	cription		Duplex or multi-unit building Condominium or cooperative				ns on Schedule D: cured by Property.
				Manufactured or mobile home	Current va	alue of the	Cur	rent value of the
Macon	MS	39341-0000		Land	entire pro			tion you own?
City	State	ZIP Code		Investment property	\$2	00,000.00		\$200,000.00
				Timeshare Other				wnership interest
				has an interest in the property? Check one		ee simple, tena te), if known.	ancy I	by the entireties, or
			Wild					
Noxubee	•			Debtor 2 only				
County				Debtor 1 and Debtor 2 only				
				At least one of the debtors and another		k if this is com structions)	muni	ty property
			Othe	r information you wish to add about this ite	m, such as lo	ocal		

Official Form 106A/B Schedule A/B: Property page 1

property identification number: House & 4.34 Acres

Debtor 2			1SON				Case n	umber (if known) 25	i-00133-JAW	
1.2	you own or have	e more	than one, list h		is the n	roperty? Check all that apply				
	30 Magnolia Dri	ve		_	-			Do not doduct cooured	alaima ar avametiana. Dut	
	eet address, if available, o		scription		•	family home			claims or exemptions. Put red claims on <i>Schedule D:</i>	
			·			or multi-unit building		Creditors Who Have Cl	aims Secured by Property.	
					Condor	minium or cooperative				
					Manufa	actured or mobile home				
Ma	acon	MS	39341-0000		Land			Current value of the entire property?	Current value of the portion you own?	
City	/	State	ZIP Code		Investr	ment property		\$320,000.00	•	
					Timesh		-	•		
					Other				f your ownership interest enancy by the entireties, or	
				Who	has an i	nterest in the property? Chec		a life estate), if known		
					Debtor	1 only	_			
No	oxubee				Debtor	2 only				
Cou	unty				Debtor	1 and Debtor 2 only		— Cheek if this is a		
					At leas	st one of the debtors and anoth	her	(see instructions)	ommunity property	
						ation you wish to add about ntification number:	this item,	such as local		
					cres	itilication number.				
				6U P	cres					
	30 Magnolia Dri eet address, if available, o		scription	☐ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative			Do not deduct secured claims or exemptions. the amount of any secured claims on Schedul Creditors Who Have Claims Secured by Prop			
				П	Manufa	actured or mobile home				
М	acon	MS	39341-0000			actured of mobile nome		Current value of the	Current value of the	
			ZIP Code		Land			entire property?	portion you own?	
City	/	State	ZIP Code		Timesh	ment property	-	\$50,000.00	\$50,000.00	
					Other	Shop			f your ownership interest	
				_				(such as fee simple, to a life estate), if known	enancy by the entireties, or	
				wno	Debtor	nterest in the property? Chec	ck one	a me estate), n known	•	
No	oxubee				Debtor		-			
	unty			_		1 and Debtor 2 only				
	9					st one of the debtors and anoth	L		ommunity property	
						ation you wish to add about		(see instructions)		
						ntification number:	tills itelli,	sucii as iocai		
				36'x	-	ood frame shop with m	netal roc	f & siding - used	for fish farm and	
						ntries from Part 1, includi			\$570,000.00	
. 3										

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Debte Debte		amuel Dean Johnson ois M. Johnson		Case number (if known)	25-001	33-JAW	
3. Ca	rs, vans,	trucks, tractors, sport utility ve	hicles, motorcycles				
	No						
.	Yes						
3.1	Make: Model:	Kubota B3350 Tractor	Who has an interest in the property? Check one ☐ Debtor 1 only	the amount of any	secured c	s or exemptions. Put laims on Schedule D: Secured by Property.	
	Year:		Debtor 2 only	Creditors Wild Ha			
		nate mileage:	■ Debtor 1 and Debtor 2 only	Current value of t entire property?		Current value of the ortion you own?	
		formation:	☐ At least one of the debtors and another	chare property:	۲	ordon you own.	
	With N	lower Deck, Loader &					
	Tiller	,	☐ Check if this is community property (see instructions)	\$15,000	.00	\$15,000.00	
3.2	Make:	Ford	Who has an interest in the property? Check one		cured claims or exemptions. Put		
	Model:	F-250	Debtor 1 only			Secured by Property.	
	Year:	2015	☐ Debtor 2 only	Current value of t	the C	Current value of the	
	Approxir	nate mileage: 62,700	■ Debtor 1 and Debtor 2 only	entire property?		ortion you own?	
	Other in	formation:	lacksquare At least one of the debtors and another				
		ktended Cab, Service Bed Jo Rack	☐ Check if this is community property (see instructions)	\$15,000	.00	\$15,000.00	
3.3	Make: Ford		Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. the amount of any secured claims on Schedu			
	Model:	F-150	Debtor 1 only			e Claims Secured by Property.	
	Year:	2016	Debtor 2 only	Current value of t	the C	Current value of the	
	Approxir	nate mileage: 190,000	■ Debtor 1 and Debtor 2 only	entire property?		ortion you own?	
		formation:	\square At least one of the debtors and another				
	4x4, E	ktended Cab	☐ Check if this is community property (see instructions)	\$13,000	.00	\$13,000.00	
3.4	Make:	Ford	Who has an interest in the property? Check one			s or exemptions. Put laims on <i>Schedule D:</i>	
	Model:	F-350	☐ Debtor 1 only			Secured by Property.	
	Year:	1999	Debtor 2 only	Current value of t	the C	Current value of the	
	Approxir	nate mileage: 133,200	■ Debtor 1 and Debtor 2 only	entire property?		ortion you own?	
	Other in	formation:	lacksquare At least one of the debtors and another				
	With F	ish Feeder	☐ Check if this is community property (see instructions)	\$2,500	.00	\$2,500.00	
3.5	Make:	Ford	Who has an interest in the property? Check one			s or exemptions. Put	
	Model:	F-150	Debtor 1 only			laims on Schedule D: Secured by Property.	
	Year:	2002	Debtor 2 only	Cuprant value of	tho 1	Current value of the	
	Approxir	nate mileage: 203,300	■ Debtor 1 and Debtor 2 only	Current value of t entire property?		Current value of the cortion you own?	
		ormation:	☐ At least one of the debtors and another	-			
	Wreck	ed - Still Drives	☐ Check if this is community property (see instructions)	\$1,000	.00	\$1,000.00	

Debto Debto		amuel Dean Johnson .ois M. Johnson		Case number (if known)	25-00133-JAW
3.6		Ford Expedition 2007 mate mileage: 225,000 formation:	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amount of any	recurred claims or exemptions. Put a secured claims on Schedule D: ve Claims Secured by Property. the Current value of the portion you own?
			☐ Check if this is community property (see instructions)	\$400	9.00 \$400.00
3.7		Toyota Tacoma 2002 mate mileage: 200,000+ formation:	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amount of any	cured claims or exemptions. Put rescured claims on Schedule D: ve Claims Secured by Property. the Current value of the portion you own?
	Motor Failed		☐ Check if this is community property (see instructions)	\$400	3.00 \$400.00
3.8	Make: John Deere Model: 4450 Tractor Year: Approximate mileage: Other information:		Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amount of any	cured claims or exemptions. Put secured claims on Schedule D: ve Claims Secured by Property. the Current value of the portion you own?
			☐ Check if this is community property (see instructions)	\$15,000	9.00 \$15,000.00
3.9	Make: John Deere Model: 4630 Tractor Year: Approximate mileage: Other information:		Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amount of any	cured claims or exemptions. Put a secured claims on Schedule D: ve Claims Secured by Property. the Current value of the portion you own?
			☐ Check if this is community property (see instructions)	\$8,000	\$8,000.00
3.1		6x10 Trailer mate mileage: formation:	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amount of any	portion you own?
			Li Check if this is community property (see instructions)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3.1 1	Make: Model: Year:	8x16 Trailer	Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only	the amount of any Creditors Who Ha Current value of	
		nate mileage:formation:	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property	entire property?	portion you own?
			io community property		· · · · · · · · · · · · · · · · · ·

Debto		ois M. Johnson		Case number (if known)	25-0	0133-JAW	
			nd other recreational vehicles, other vehicles atercraft, fishing vessels, snowmobiles, motorcy				
	Ja	·	·				
-	res						
4.1	Make:	Jayco	Who has an interest in the property? Check one	Do not deduct sec	ured cla	aims or exemptions. Put	
	Model:	Eagle Premier Camper	☐ Debtor 1 only			d claims on Schedule D:	
	Year:	2015	☐ Debtor 2 only			, , ,	
			■ Debtor 1 and Debtor 2 only	Current value of tentire property?	ine	Current value of the portion you own?	
	Other inf	formation:	☐ At least one of the debtors and another				
			☐ Check if this is community property (see instructions)	\$12,000 .	00	\$12,000.00	
4.2	Make:	15' Aluminum Boat	Who has an interest in the property? Check one			aims or exemptions. Put	
	Model:		Debtor 1 only			d claims on Schedule D: ns Secured by Property.	
	Year:		Debtor 2 only	0	41	O	
			■ Debtor 1 and Debtor 2 only	Current value of tentire property?	ine	Current value of the portion you own?	
	Other inf	formation:	☐ At least one of the debtors and another				
	6НР М	lotor & Trailer	☐ Check if this is community property (see instructions)	\$1,000 .	00	\$1,000.00	
4.3	Make:	John Deere	Who has an interest in the property? Check one		Do not deduct secured claims or exemptions. It		
	Model: Year:	Gator	☐ Debtor 1 only			d claims on Schedule D: ns Secured by Property.	
			Debtor 2 only	Current value of	415.0	Current value of the	
			■ Debtor 1 and Debtor 2 only	entire property?	lie	portion you own?	
	Other inf	formation:	☐ At least one of the debtors and another				
	Has Tı	ransmission Trouble	☐ Check if this is community property (see instructions)	\$500 .	00	\$500.00	
		14' Aluminum Boat &		D		in D.A	
4.4	Make:	Trailer	Who has an interest in the property? Check one			d claims or exemptions. Put sured claims on Schedule D: Claims Secured by Property.	
	Model:		☐ Debtor 1 only	Creditors Who Ha	ve Clain		
	Year:		Debtor 2 only	Current value of	the	Current value of the	
			■ Debtor 1 and Debtor 2 only	entire property?		portion you own?	
		formation:	At least one of the debtors and another				
		5HP Motor for Pond e Work	☐ Check if this is community property (see instructions)	\$1,300 .	<u>DO</u>	\$1,300.00	
			vn for all of your entries from Part 2, includin that number here			\$87,000.00	
art 3	Descri	be Your Personal and Household I	tems	·			
			nterest in any of the following items?		C	Current value of the	
					Ċ	ortion you own? On not deduct secured laims or exemptions.	
Но	usehold	goods and furnishings			C	difficultions	
		Major appliances, furniture, linen	s, china, kitchenware				
	No						

Yes. Describe.....

Debtor 1 Debtor 2	Samuel Dear Lois M. Johr		er (if known) 25-	00133-JAW
		2 Refrigerators, Freezer, Washer & Dryer, Beds, Buffet, Nighstands, Dressers, Bedding, Bathroom/Laundry/Kitchen Supplies, Chairs, Couches, Books, Food, Draperies, Clocks, Desks, Dishwasher, Small Appliances, Lamps, Luggage, Vacuum, Water Softener, Tables, Stove, etc.		\$2,500.00
□ No	oles: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanno phones, cameras, media players, games	ers; music collect	ions; electronic devices
		Computers, Laptops, 4 Cell Phones, Tablet, Projector		\$250.00
Exam _p □ No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; ons, memorabilia, collectibles	stamp, coin, or ba	aseball card collections;
		Little Golden Books, Old Books		\$300.00
Exam _p	ment for sports and oles: Sports, photo musical instrus. Describe	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, sk	kis; canoes and k	ayaks; carpentry tools;
□ No		s, shotguns, ammunition, and related equipment		
		3 Rifles, 5 Shotguns, 2 BB Guns, Ammo, Gun Safes, Hunting Supplies		\$2,000.00
□ No		othes, furs, leather coats, designer wear, shoes, accessories		
		Clothes		\$500.00
□ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watch	es, gems, gold, s	silver
		Minor Jewelry		\$100.00

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Debtor		Lois M. Jo	ohnson	OII		Case number (if known)	25-00133-JAW
		n animals					
Exa		es: Dogs, ca	ts, birds, hor	ses			
■ Y	es. D	escribe					
			Cats				\$0.00
			Cais				Ψ0.00
14. Any		er personal	and househ	old items you did	not already list, including any health a	aids you did not list	
■ Y	es. G	Give specific	information.				
			Nebuli	zer, Inversion Ta	able, Meds/Vitamins, Miscellaneou	ıs Supplies	\$50.00
					art 3, including any entries for pages	you have attached	\$5,950.00
			nancial Assets ny legal or ed		any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
□ N ■ Y						Cash	\$1,500.00
Exa	ample				ounts; certificates of deposit; shares in cr s with the same institution, list each.	edit unions, brokerage h	nouses, and other similar
□ N					Institution name:		
				Checking	The Citizens Bank of Philad	elphia (Acct 2224)	\$175.00
			17.2.	Checking	The Citizens Bank of Philad	elphia (Acct 2692)	\$7,756.00
			17.3.	Checking	BankFirst (Acct 5346)		\$200.00
			17.4.	Checking	BankFirst (Acct 64928) - So (Debtors removed off accou		\$0.00
			17.5.	Checking	BankFirst (Acct 6175) - Son (Debtors removed off accou		\$0.00
			17.6.	Checking	BankFirst (Acct 8707)		\$0.00

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	otor 1 otor 2	Samuel Dean Johnson Lois M. Johnson				Case number (if known)	25-00133-JAW	
			17.7.	Checking	BankFirst (Acct 74928) -	Son's Account	\$0.00	
	Examp			cly traded stocks ent accounts with b	orokerage firms, money market account	ts		
	■ No □ Yes			Institution or issue	er name:			
19.		ublicly traded	d stock and	interests in incor	porated and unincorporated busines	sses, including an interes	t in an LLC, partnership, and	
	No							
	☐ Yes.	Give specific		about them me of entity:		% of ownership:		
_	Negoti	iable instrume	<i>nt</i> s include p	personal checks, c	gotiable and non-negotiable instrumer ashiers' checks, promissory notes, and transfer to someone by signing or deliver	money orders.		
	∃ Yes.	Give specific	information	about them				
				uer name:				
21.		nent or pens ples: Interests			, 403(b), thrift savings accounts, or othe	er pension or profit-sharing	plans	
	No							
	☐ Yes.	List each acc		ely. of account:	Institution name:			
22.	Your s		used deposi	s you have made	so that you may continue service or use t, public utilities (electric, gas, water), te		nies, or others	
	No							
	☐ Yes.				Institution name or individual:			
_	Annuit ■ No	ies (A contra	ct for a perio	dic payment of mo	ney to you, either for life or for a number	er of years)		
	☐ Yes		Issuer nam	e and description.				
2	26 U.S.			n an account in a and 529(b)(1).	qualified ABLE program, or under a	qualified state tuition pro	ogram.	
_	■ No □ Yes		Institution r	name and descripti	ion. Separately file the records of any ir	nterests.11 U.S.C. § 521(c):		
	Trusts, ■ No	, equitable o	r future inte	rests in property	(other than anything listed in line 1),	and rights or powers exe	ercisable for your benefit	
		Give specific	information	about them				
26.					and other intellectual property eeds from royalties and licensing agree	ments		
	■ No □ Yes.	Give specific	information	about them				
27.				r general intangik lusive licenses, co	bles operative association holdings, liquor li	censes, professional licens	es	
	■ No	· ·		•				
				about them			Ourment and the College	
IVIO	ney or	property ow	eu to you?				Current value of the portion you own? Do not deduct secured	

Official Form 106A/B Schedule A/B: Property page 8

claims or exemptions.

	ebtor 1 ebtor 2	Samuel Dean J Lois M. Johnso		Case number (if known)	25-00133-JAW
28	. Tax refu	unds owed to you			
	■ No	, ,			
	☐ Yes. 0	Give specific inform	ation about them, including whether yo	u already filed the returns and the tax years	
29	. Family :	support			
	_ '	oles: Past due or lum	np sum alimony, spousal support, child	support, maintenance, divorce settlement, property	settlement
	■ No	Give specific inform	ation		
	Li Tes. C	Give specific inform	auor		
30		mounts someone bles: Unpaid wages,		y benefits, sick pay, vacation pay, workers' comper	nsation, Social Security
	_		d loans you made to someone else		•
	■ No	Cive an acidia informa	and in the		
	⊔ Yes.	Give specific inform	nation		
31	Exampl	ts in insurance pol ples: Health, disabilit		ount (HSA); credit, homeowner's, or renter's insuran	ce
	■ No	Nama dha ina mana			
	□ Yes. r	name the insurance	company of each policy and list its val Company name:	ue. Beneficiary:	Surrender or refund value:
32	If you a someor □ No □	are the beneficiary one has died. Give specific inform		as theu life insurance policy, or are currently entitled to rece	eive property because
			payments. This is no There is also other pr point, but don't know	over the next 8 years in biannual t set in stone yet, but should be close. operty that will be dispensed at some when. The Debtor's share of the other imated to be valued at \$20,000 - \$30,000.	\$82,700.00
33	Example ■ No		loyment disputes, insurance claims, or	awsuit or made a demand for payment rights to sue	
34	■ No	_		luding counterclaims of the debtor and rights to	set off claims
	⊔ Yes.	Describe each clair	П		
35	. Any fina ■ No	ancial assets you	did not already list		
	☐ Yes.	Give specific inform	nation		
36			•	ing any entries for pages you have attached	\$92,331.00
Pá	art 5: Des	scribe Any Business-	Related Property You Own or Have an Int	erest In. List any real estate in Part 1.	
	Do you o		or equitable interest in any business-rela	ated property?	
	_	So to line 38.			
	— 163. U	oo to iiile Ju.			

Current value of the portion you own?

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Debtor 1 Debtor 2	Samuel Dean Johnson Lois M. Johnson	Case number (if known)	25-00133-JAW
			Do not deduct secured claims or exemptions.
☐ No	nts receivable or commissions you already earned Describe		
	Accounts Receivable - Automatiion & Telectrical Services	chnical Services,	\$8,000.00
Examp □ No -	equipment, furnishings, and supplies oles: Business-related computers, software, modems, printers, copie Describe	ers, fax machines, rugs, telephones, desks	chairs, electronic devices
	2 Laptops, 2 Displays, 3 Printers, 2 L-Sha Bookshelf/File Cabinet	aped Desks, 1	\$1,200.00
□ No	nery, fixtures, equipment, supplies you use in business, and too	ols of your trade	
	Miscellaneous Electrical, Plumbing & Co	nstruction Hand Tools	\$1,100.00
	Miscellaneous Electrical, Plumbing & Po	nd Automation Supplies	\$5,000.00
41. Invento ■ No □ Yes.	Describe		
42. Interes ■ No	sts in partnerships or joint ventures		
	Give specific information about them Name of entity:	% of ownership:	
43. Custor	mer lists, mailing lists, or other compilations		
□ Do yo	ur lists include personally identifiable information (as defined in 11 U.S.C.	§ 101(41A))?	
	■ No □ Yes. Describe		
☐ No	usiness-related property you did not already list Give specific information		
	2 Cargo Racks for Pickup Trucks, 1 S	ervice Camper Top	\$900.00

	otor 2	Lois M. Joh		Case number (if known)	25-00133-JAW
45.			of all of your entries from Part 5, including any entries for pa		\$16,200.00
Par			and Commercial Fishing-Related Property You Own or Have an Intere	est In.	
46.		own or have a	ny legal or equitable interest in any farm- or commercial fishi	ing-related property?	
	Yes.	Go to line 47.			Comment value of the
					Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a		and the state of t		
ı	Examp. ■ No	iles: Livestock, p	poultry, farm-raised fish		
	☐ Yes				
/Ω	Crons-	oithor growin	g or harvested		
_	■ No	either growin	g of narvesteu		
	☐ Yes. (Give specific inf	formation		
	Farm a i ∃ No	nd fishing equ	ipment, implements, machinery, fixtures, and tools of trade		
ı	Yes				
			16 - 10HP Aerators, 1 PTO Side Winder Aerator, 1 PTO Aerator, 1 100 KW Generator with Shed, 175 KW Gene Shed, 5 Pond Automation Systems, 5 Electrical Contr Feed Bins	erator with	\$70,000.00
	□No	nd fishing sup	plies, chemicals, and feed		
•	- 163				
			20,000 lbs Fish Food, 80,000 Stockers		\$28,000.00
_	Any far ■ No	m- and comme	ercial fishing-related property you did not already list		
	☐ Yes. (Give specific inf	formation		
52.			of all of your entries from Part 6, including any entries for part in the following in the following and the following in the		\$98,000.00
Par	t 7:	Describe All Pr	operty You Own or Have an Interest in That You Did Not List Above		
_	Examp	have other pro	operty of any kind you did not already list? kets, country club membership		
	■ No □ Yes. 0	Give specific inf	formation		
54.	Add tl	he dollar value	of all of your entries from Part 7. Write that number here		\$0.00

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	tor 1 Samuel Dean Jonnson tor 2 Lois M. Johnson	Case number (if known)	25-00133-JAW	
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$570,000.00
56.	Part 2: Total vehicles, line 5	\$87,000.00		
57.	Part 3: Total personal and household items, line 15	\$5,950.00		
58.	Part 4: Total financial assets, line 36	\$92,331.00		
59.	Part 5: Total business-related property, line 45	\$16,200.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$98,000.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$299,481.00	Copy personal property to	stal \$299,481.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$869,481.00

Check if this is an mended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	ur spouse is filing with you.	
	■ You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11 l	U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	2330 Magnolia Drive Macon, MS	\$200,000.00		\$75,000.00	Miss. Code Ann. § 85-3-21
	39341 Noxubee County House & 4.34 Acres Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	2015 Ford F-250 62,700 miles	\$15,000.00		\$15,000.00	Miss. Code Ann. § 85-3-1(a)
	4x4, Extended Cab, Service Bed & Cargo Rack Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit	
	2 Refrigerators, Freezer, Washer & Dryer, Beds, Buffet, Nighstands,	\$2,500.00		\$2,500.00	Miss. Code Ann. § 85-3-1(a)
	Dressers, Bedding, Bathroom/Laundry/Kitchen Supplies, Chairs, Couches, Books, Food, Draperies, Clocks, Desks, Dishwasher, Small Appliances, Lamps, Luggage, Vacuum, Water Softener, Tables, Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	Computers, Laptops, 4 Cell Phones, Tablet, Projector	\$250.00	•	\$250.00	Miss. Code Ann. § 85-3-1(a)
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	

	btor 1 btor 2		s M. Johnson			Case number (if known)	25-00133-JAW
			ription of the property and line on 4/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Schedule A/D that lists this property		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
			rampoline, Soccer Gear, ports Stuff, Camping Trailer,	\$250.00		\$250.00	Miss. Code Ann. § 85-3-1(a)
	Gea Pia	ar & S no	Supplies, Eliptical, Treadmill, Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
			5 Shotguns, 2 BB Guns,	\$2,000.00		\$1,500.00	Miss. Code Ann. § 85-3-1(a)
	Ammo, Gun Safes, Hunting Supplies Line from Schedule A/B: 10.1					100% of fair market value, up to any applicable statutory limit	
	Clothes Line from Schedule A/B: 11.1		\$500.t			\$500.00	Miss. Code Ann. § 85-3-1(a)
					100% of fair market value, up to any applicable statutory limit		
3.			laiming a homestead exemption of adjustment on 4/01/25 and every			led on or after the date of adjustmen	t.)
		_		ed by the exemption wi	ithin 1	215 days before you filed this case?	?
			No				
		П	Yes				

Samuel Dean Johnson

Debtor 1

Fill in this information to identify you	ur case:			
Debtor 1 Samuel Dean J	ohnson			
First Name	Middle Name Last Name		-	
Debtor 2 (Spouse if, filing) Lois M. Johnso First Name	Middle Name Last Name		-	
United States Bankruptcy Court for the	SOUTHERN DISTRICT OF MISSISSIPPI		_	
Case number _25-00133-JAW				
(if known)				if this is an ded filing
Official Form 106D				
	Who Have Claims Secured	by Propert	;y	12/15
number (if known). 1. Do any creditors have claims secured b —				me and case
☐ No. Check this box and submit	his form to the court with your other schedules. Yo	u have nothing else	to report on this form.	
■ Yes. Fill in all of the information	below.			
Part 1: List All Secured Claims				
2. List all secured claims. If a creditor has	more than one secured claim, list the creditor separately	Column A	Column B	Column C
	s a particular claim, list the other creditors in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 BankFirst Financial Se	Describe the property that secures the claim:	\$258,935.00	\$320,000.00	\$0.00
Creditor's Name	2330 Magnolia Drive Macon, MS 39341 Noxubee County 80 Acres			
3055 Jefferson Street Macon, MS 39341	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secu	ıred		
Debtor 2 only	car loan)	neu		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			

community debt

Date debt was incurred April 2022

Last 4 digits of account number

1414

Debtor 1 Samuel Dean Johnson		Case number (if known)	25-00133-JAW	
First Name Middle N	lame Last Name			
Debtor 2 Lois M. Johnson				
First Name Middle N	lame Last Name			
2.2 BankFirst Financial Se	Describe the property that secures the claim:	¢422 624 75	¢422 624 75	\$0.00
Creditor's Name		\$132,634.75	\$132,634.75	Φ 0.00
	Business Working Capital Loan - SBA Loan			
	As of the date you file, the claim is: Check all that			
900 Main Street	apply.			
Columbus, MS 39701	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or s car loan)	ecured		
Debtor 2 only	_ ′			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
•				
Date debt was incurred June 2022	Last 4 digits of account number 4850	<u> </u>		
22 Kubata Cradit Cornerat	Describe the property that secures the claim:	¢2.000.25	\$15,000.00	¢0.00
2.3 Kubota Credit Corporat Creditor's Name		\$2,999.25	\$15,000.00	\$0.00
ordanor o riamo	Kubota B3350 Tractor With Mower Deck, Loader & Tiller			
P.O. Box 0559	·			
Carol Stream, IL	As of the date you file, the claim is: Check all that apply.			
60132-0559	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only	\square An agreement you made (such as mortgage or s	ecured		
Debtor 2 only	car loan)			
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
\square At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	☐ Other (including a right to offset)			
community debt				
October				
Date debt was incurred 2018	Last 4 digits of account number 8821			
2.4 Trustmark National Ban Creditor's Name	Describe the property that secures the claim:	\$70,730.36	\$200,000.00	\$0.00
Creditor's Name	2330 Magnolia Drive Macon, MS			
	39341 Noxubee County House & 4.34 Acres			
D.O. D. 500	As of the date you file, the claim is: Check all that			
P.O. Box 522 Jackson, MS 39205-0522	apply.			
	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_	<u> </u>	a a ura d		
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or s car loan)	ecurea		
_				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
community wood				
Date debt was incurred April 2014	Last 4 digits of account number 6965	<u> </u>		

Debtor 1	Samuel	Dean Johnson		Case number (if known)	25-00133-JAW
	First Name	Middle Name	Last Name		
Debtor 2	Lois M.	Johnson			
	First Name	Middle Name	Last Name		
Add the	dollar value	of your entries in Column A on the	nis page. Write that number here	s: \$465,299	0.36
	the last pag at number h	e of your form, add the dollar val ere:	ue totals from all pages.	\$465,299	0.36
Part 2:	List Others	s to Be Notified for a Debt Tha	at You Already Listed		
trying to than one	collect from y creditor for a	you for a debt you owe to someor	ne else, list the creditor in Part 1	, and then list the collection age	or example, if a collection agency is ency here. Similarly, if you have more tional persons to be notified for any
	,	r, Street, City, State & Zip Code Business Ad		On which line in Part 1 did you ent	er the creditor? 2.2
2	Regions PI 210 East C Jackson, N	apital Stree	ı	Last 4 digits of account number	_

Filli	n this info	ormation to identify your o	case:				
Debt	tor 1	Samuel Dean Joh					
		First Name	Middle Name	Last Name			
Debt (Spou	tor 2 ise if, filing)	Lois M. Johnson First Name	Middle Name	Last Name			
` '							
Unite	ed States E	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI			
Cas	e number	25-00133-JAW					
(if kno	own)					☐ Chec	k if this is an
						amer	nded filing
Offi	cial For	rm 106E/F					
		E/F: Creditors W	ho Have Unsec	ured Claims			12/15
		and accurate as possible. Use			2 for creditors with NON	PRIORITY claims.	
any e	xecutory co	ontracts or unexpired leases	that could result in a claim	. Also list executory contr	acts on Schedule A/B: P	roperty (Official Fo	orm 106A/B) and on
		cutory Contracts and Unexpi ditors Who Have Claims Secu					
left. A	ttach the C	ontinuation Page to this page					
Part		All of Your PRIORITY Un:	socured Claims				
		litors have priority unsecured					
_	No. Go to	• •	a olamo agamot you.				
_	Yes.	Truit E.					
		our priority unsecured claims	If a graditar has more than	one priority unaccured claim	list the graditar congrets	ly for each claim. Ea	or each alaim listed
i F	dentify what possible, list	type of claim it is. If a claim ha the claims in alphabetical orde re than one creditor holds a par	s both priority and nonpriority r according to the creditor's	y amounts, list that claim her name. If you have more than	e and show both priority a	nd nonpriority amoເ	ints. As much as
		anation of each type of claim, s			1		
(i oi aii expie	anation of each type of claim, s	ee the mandonona for this to	iii iii tile iiisti detion bookiet.	Total claim	Priority	Nonpriority
2.1	D		1	• • • • • • • • • • • • • • • • • • •	¢200.00	amount	amount
2.1		rtment of the Trea Creditor's Name	Last 4 digits o	of account number	\$382.00	\$382.0	0 \$0.00
	•	al Revenue Servi	When was the	debt incurred?			
	_	Box 1214					
		otte, NC 28201-1214 Street City State Zip Code	As of the date	you file the claim is: Choo	k all that apply		
		red the debt? Check one.	☐ Contingent	you file, the claim is: Chec	ж ан тпат арргу		
	☐ Debtor	1 only	_	.1			
	Debtor 2	•	☐ Unliquidate	α			
	_	-	☐ Disputed	DITY			
	_	1 and Debtor 2 only	Пъ "	RITY unsecured claim:			
	☐ At least one of the debtors and another ☐ Domestic support obligations						
	☐ Check i	if this claim is for a commun	_	certain other debts you owe			
		n subject to offset?	☐ Claims for o	death or personal injury while	you were intoxicated		
	■ No		☐ Other. Spec	•			_
	☐ Yes			1040 Taxes			
Part	2: List	All of Your NONPRIORIT	Y Unsecured Claims				
3. [Oo any cred	litors have nonpriority unsec	ured claims against you?				
ſ	☐ No. You h	have nothing to report in this pa	art. Submit this form to the co	ourt with your other schedule	S.		
_	_	5 , 1		•			
'	Yes.						
			to a to discolate the Control				
		our nonpriority unsecured cla laim, list the creditor separately		der of the creditor who hole			

Total claim

Debtor Debtor	1 Samuel Dean Johnson 2 Lois M. Johnson		Case number (_{if known})	25-00133-JAW
4.1	Academy Sports	Last 4 digits of account number	0083	\$650.00
	Nonpriority Creditor's Name P.O. Box 650967 Dallas, TX 75265	When was the debt incurred?	2022 - December 202	4
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce tha	at you did not
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	•
	Yes	Other. Specify		
4.2	Amazon Store Card Nonpriority Creditor's Name	Last 4 digits of account number	4598	\$5,135.00
	P.O. Box 71764 Philadelphia, PA 19176	When was the debt incurred?	October 2022 - Augus	st 2024
	Number Street City State Zip Code As of the date you file, the claim		is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only ☐ Contingent			
	☐ Debtor 2 only			
	■ Debtor 1 and Debtor 2 only			
	☐ At least one of the debtors and another Type of NONPRIORITY of		d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa	ration agreement or divorce tha	at you did not
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify		
4.3	Amtrak Guest Rewards F Nonpriority Creditor's Name	Last 4 digits of account number	2531	\$13,559.00
	P.O. Box 2557 Omaha, NE 68103-2557	When was the debt incurred?	January 2022 - Septe 2024	mber
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce tha	at you did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	;
	Yes	Other. Specify		

Debtor Debtor	1 Samuel Dean Johnson 2 Lois M. Johnson		Case number (if known)	25-00133-JAW
4.4	BankFirst Credit Card	Last 4 digits of account number	3616	\$10,899.00
	Nonpriority Creditor's Name P.O. Box 1508 Birmingham, AL 35201	When was the debt incurred?	2020 - July 2024	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed	A. A. S.	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a separeport as priority claims		at you did not
	■ No	☐ Debts to pension or profit-sharir	g plans, and other similar debt	S
	Yes	Other. Specify		
4.5	BankFirst Financial Se Nonpriority Creditor's Name	Last 4 digits of account number	3276	\$359,897.00
	3055 Jefferson Street P.O. Box 31 Macon, MS 39341	When was the debt incurred?	5/16/2022	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only ☐ Contingent			
	☐ Debtor 2 only ☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	· ·	•
	No	Debts to pension or profit-sharir	01	5
	Yes	Other. Specify Agricultura	l Production Loan	
4.6	Belk Rewards MC Nonpriority Creditor's Name	Last 4 digits of account number	4162	\$860.00
	P.O. Box 669815 Dallas, TX 75266-0765	When was the debt incurred?	September 2023 - De 2024	cember
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	□ Debtor 2 only □ Unliquidated			
	■ Debtor 1 and Debtor 2 only			
	_	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	u viulilli	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	at you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar debt	5
	□Yes	Other. Specify		

Debtor Debtor	Samuel Dean Johnson Lois M. Johnson		Case number (if known)	25-00133-JAW
4.7	Boot Barn Nonpriority Creditor's Name	Last 4 digits of account number	4770	\$1,301.00
	P.O. Box 182118 Columbus, OH 43218	When was the debt incurred?	2023 - August 2024	
-	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce t	hat you did not
	■ No	Debts to pension or profit-sharing	ots	
	Yes	Other. Specify		
4.8	Citi American Airlines Nonpriority Creditor's Name	Last 4 digits of account number	4544	\$11,383.00
	P.O. Box 6004 Sioux Falls, SD 57117-6004	When was the debt incurred?	January 2022 - Aug	ust 2024
-	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	■ Debtor 1 and Debtor 2 only			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce t	hat you did not
	■ No	Debts to pension or profit-sharir	g plans, and other similar del	ots
	☐ Yes	Other. Specify		
4.9	Dick's Sporting Goods Nonpriority Creditor's Name	Last 4 digits of account number	2020	\$653.00
	P.O. Box 71710 Philadelphia, PA 19176	When was the debt incurred?	April 2024 - Decemb	per 2024
=	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	hat you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar del	ots
	Yes	Other. Specify		

Debto Debto	or 1 Samuel Dean Johnson Lois M. Johnson		Case number (if known) 25-0	00133-JAW
4.1 0	JCPenney MC	_ Last 4 digits of account number	7064	\$2,137.00
	Nonpriority Creditor's Name P.O. Box 71764 Philadelphia, PA 19176	When was the debt incurred?	February 2024 - August 2	2024
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you	did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
4.1	John Deere Financial	Last 4 digits of account number	5375	\$159,872.33
	Nonpriority Creditor's Name P.O. Box 6600 Johnston, IA 50131	When was the debt incurred?	2021 - 2024	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you	did not
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Livestock (feed	fish, chickens, cattle, goat	s)
4.1	JPMorgan Chase Freedom	Last 4 digits of account number	7644	\$39,221.00
	Nonpriority Creditor's Name P.O. Box 15123 Wilmington, DE 19850	When was the debt incurred?	July 2020 - September 20	024
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you	did not
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		

	or 2 Lois M. Johnson		Case number (if known) 25-00133-JA	w
4.1 3	JPMorgan Chase Ink	Last 4 digits of account number	0901	\$67,469.00
	Nonpriority Creditor's Name P.O. Box 15123 Wilmington, DE 19850	When was the debt incurred?	November 2021 - September 2024	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Student loans	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	,	
	Yes	Other. Specify		
4.1 4	Kiowa District Hospita	Last 4 digits of account number		\$2,897.00
	Nonpriority Creditor's Name P.O. Box 184 Kiowa, KS 67070	When was the debt incurred?	March 2022 - April 2023	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	rration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes	Other. Specify Patient Name	ne: Logan Johnson	
4.1 5	PayPal Credit	Last 4 digits of account number	2341	\$2,939.00
	Nonpriority Creditor's Name P.O. Box 71764 Philadelphia, PA 19176	When was the debt incurred?	2022 - September 2024	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure		
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	a plane and other similer delet	
	■ No	☐ Debts to pension or profit-sharir	y pians, and other similar debts	
	☐ Yes	Other. Specify		

	or 2 Lois M. Johnson		Case number (if known) 25-0013	3-JAW
4.1 6	PayPal Credit	Last 4 digits of account number	3898	\$205.00
	Nonpriority Creditor's Name P.O. Box 71718 Philadelphia, PA 19176	When was the debt incurred?	2024 - December 2024	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	ls the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did no	ot
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.1	Sam's Club World Maste	Look & divite of account months	8068	\$15,798.00
7	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ13,730.00
	P.O. Box 71764 Philadelphia, PA 19176	When was the debt incurred?	March 2021 - July 2024	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Пол		
	Debtor 2 only	☐ Contingent☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ot	
	No	lacksquare Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
4.1	Sears Mastercard	Last 4 digits of account number	7953	\$2,525.00
	Nonpriority Creditor's Name Citi Cards P.O. Box 6286	When was the debt incurred?	June 2023 - September 2024	
	Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did no	ot
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	g plans, and other similar debts	
	■ No □ Yes	Other Specify	g p.a, and other entitle debte	
	□ 103	■ Umer Specity		

Debtor Debtor	1 Samuel Dean Johnson 2 Lois M. Johnson		Case number (if known)25-00133	-JAW
4.1	Starkville Smiles, PA	Last 4 digits of account number		\$949.80
	Nonpriority Creditor's Name 301 Hospital Road	When was the debt incurred?		_
	Starkville, MS 39759-2155 Number Street City State Zip Code	As of the data you file the claim	in Charle all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim	із: Спеск ан тат арргу	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	<u> </u>		
		☐ Disputed Type of NONPRIORITY unsecure	ed claim:	
	At least one of the debtors and another	☐ Student loans	ou diamin	
	☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	aration agreement of divorce that you did not	
	No	☐ Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify		_
4.2	US Bank - Kroger Rewar	Last 4 digits of account number	3826	\$5,207.00
	Nonpriority Creditor's Name	Lust 4 digits of decount number		, , , , , , , , , , , , , , , , , , ,
	P.O. Box 790408		December 2023 - December	
	Saint Louis, MO 63179-0408	When was the debt incurred?	2024	_
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-shari	ng plans, and other similar debts	
	☐ Yes	Other. Specify		_
Part 3:	List Others to Be Notified About a Deb	ot That You Already Listed		
is tryi have ı	is page only if you have others to be notified a ng to collect from you for a debt you owe to so more than one creditor for any of the debts that d for any debts in Parts 1 or 2, do not fill out o	meone else, list the original creditor i t you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the collection agen	cy here. Similarly, if you
		On which entry in Part 1 or Part 2 did you	_	
	nerican Airlines dland Credit Man		Part 1: Creditors with Priority Unsecured C	
350 Ca	amino De La Reina	•	Part 2: Creditors with Nonpriority Unsecure	ed Claims
San D	iego, CA 92108	Last 4 digits of account number		
		On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
			☐ Part 1: Creditors with Priority Unsecured C	
	ernstein & Burkle rant Street		Part 2: Creditors with Nonpriority Unsecure	ed Claims
	urgh, PA 15219			
		Last 4 digits of account number		
Name a	nd Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?	
	•	Line 4.12 of (<i>Check one</i>):	$\operatorname{\square}$ Part 1: Creditors with Priority Unsecured C	laims
560 S	nited Collection Outhwyck Blvd O, OH 43614	•	Part 2: Creditors with Nonpriority Unsecure	ed Claims

Last 4 digits of account number

Debtor 1 Samuel Dean Johnson Debtor 2 Lois M. Johnson		Case number (if known)	25-00133-JAW	
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?		
JPMorgan Chase Ink	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priori	ity Unsecured Claims	
c/o United Collection 560 Southwyck Blvd Toledo, OH 43614		■ Part 2: Creditors with Nonp	riority Unsecured Claims	
	Last 4 digits of account number			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
Total	6a.	Domestic support obligations	6a.	\$	0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	292.00
IIOIII Fait I		•		Φ	382.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	382.00
					Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6~	\$	0.00
	01	you did not report as priority claims	6g.	· —	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	703,557.13
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	703,557.13

Fill in this information to identify your case:					
Debtor 1 Samuel Dean Johnson					
	First Name	Middle Name	Last Name		
Debtor 2	Lois M. Johnson				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case number	25-00133-JAW				
(if known)	25-50 100-0244				Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.3	Oity		Otate	Zii Code	
2.0	Name				<u> </u>
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

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Fill in this	s information to identify your	case:			
Debtor 1	Samuel Dean Joh	nnson			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ing) Lois M. Johnson First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	SOUTHERN DISTRICT	F OF MISSISSIPPI		
Case num (if known)	nber 25-00133-JAW				☐ Check if this is an amended filing
_	ıl Form 106H dule H: Your Cod	ebtors			12/15
people are fill it out, a your name	e filing together, both are equ	ally responsible for sup boxes on the left. Attac . Answer every question	plying correct informat h the Additional Page t n.	tion. If more space is it to this page. On the to	rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
	. Go to line 3. s. Did your spouse, former spou	use, or legal equivalent liv	re with you at the time?		
in line Form	e 2 again as a codebtor only i	f that person is a guarar	ntor or cosigner. Make	sure you have listed t	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Zi	P Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1	Name			□ Schedule D, lir □ Schedule E/F, □ Schedule G, lir	line
-	Number Street City	State	ZIP Code	_	
3.2	Name			□ Schedule D, lir □ Schedule E/F, □ Schedule G, lir	line
	Number Street City	State	ZIP Code	_	

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Debtor 1	Samuel Dean Johnson	
Debtor 2 (Spouse, if filing)	Lois M. Johnson	
United States Bar	nkruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI	
Case number	25-00133-JAW	Check if this is:
(If known)		☐ An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	<u>rm 106l</u>	MM / DD/ YYYY
Schedule	I: Your Income	12/1:
supplying correct spouse. If you are	nd accurate as possible. If two married people are filing together (Det t information. If you are married and not filing jointly, and your spouse e separated and your spouse is not filing with you, do not include info sheet to this form. On the top of any additional pages, write your nan	e is living with you, include information about your promation about your spouse. If more space is needed,

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation Self-Employed Baker/Donut Fryer Include part-time, seasonal, or Employer's name **Ole Country Bakery** self-employed work. Occupation may include student **Employer's address** P.O. Box 1007 or homemaker, if it applies. Brooksville, MS 39739 How long employed there? 21 Years 10 Months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,400.0

3. Estimate and list monthly overtime pay.

3. +\$ 0.0

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 4,400.00 \$ 350.00
3. +\$ 0.00 +\$ 0.00
4. \$ 4,400.00 \$ 350.00

For Debtor 2 or

Official Form 106I Schedule I: Your Income page 1

Debtoi Debtoi	1	nuel Dean Johnson s M. Johnson	Case	number (if known)	25-00133-JAW			
	Copy line	a 4 here	4.	Fo:	r Debtor 1 4,400.00	For Debt	or 2 or g spouse 350.00	
`	ору шк	3 4 Here	7.	Ψ_	4,400.00	Ψ	350.00	
5. I	ist all p	ayroll deductions:						
,	5a. Ta :	x, Medicare, and Social Security deductions	5a.	\$	0.00	\$	32.00	
į	b. Ma	ndatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
		luntary contributions for retirement plans	5c.	\$_	0.00	\$	0.00	
		quired repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	
		urance	5e.	\$_	0.00	\$	0.00	
		mestic support obligations	5f.	\$_	0.00	\$	0.00	
	0	ion dues	5g.	\$_	0.00	\$	0.00	
,	5h. Otl	ner deductions. Specify:	5h.+	+ \$_	0.00	+ \$	0.00	
6.	Add the	payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	32.00	
7.	Calculate	e total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	4,400.00	\$	318.00	
\$ \$ \$ \$	Ba. Ne pro Attirect mo Attirect mo Market Ma	ther income regularly received: t income from rental property and from operating a business, ofession, or farm ach a statement for each property and business showing gross eipts, ordinary and necessary business expenses, and the total nthly net income. erest and dividends mily support payments that you, a non-filing spouse, or a dependent pularly receive lude alimony, spousal support, child support, maintenance, divorce temployment compensation cial Security her government assistance that you regularly receive lude cash assistance and the value (if known) of any non-cash assistance t you receive, such as food stamps (benefits under the Supplemental trition Assistance Program) or housing subsidies. ecify: Insion or retirement income	8c. 8d. 8e.	\$	0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	
		ner monthly income. Specify: Inheritance	8g. 8h.+	· · —	0.00 885.74	+ \$	0.00	
`) O	Innertance	_ '''	Ψ-	003.74	΄ Ψ	0.00	_
9.	Add all o	ther income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	885.74	\$	0.00	
10 4	Calculate	e monthly income. Add line 7 + line 9.	10. \$		5,285.74 + \$	240 ^	0 = \$	5,603.74
		Intries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. ψ		5,205.74 · Ψ_	310.0	$\exists \exists = 0$	5,603.74
11. \$	State all nclude co other frier	other regular contributions to the expenses that you list in Schedule ontributions from an unmarried partner, members of your household, your hods or relatives. clude any amounts already included in lines 2-10 or amounts that are not	depen		•	ted in Sched	ule J. 1. +\$	0.00
١		amount in the last column of line 10 to the amount in line 11. The rest amount on the Summary of Schedules and Statistical Summary of Certa					2. \$	5,603.74
	ן N	xpect an increase or decrease within the year after you file this form o. es. Explain: Increase - Business Expansion, Dependants Get						ed / income

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:							
Deb	otor 1	Samuel Dear	n Johnso	on		Chec	k if this is:			
	otor 2	Lois M. Johnson				☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date:				
` '	, 3,					_	•			
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI						MM / DD / YYYY				
	se number 25 known)	5-00133-JAW								
0	fficial Fo	rm 106J								
S	chedule	J: Your	Exper	ises				12/15		
inf	ormation. If m		eded, atta	. If two married people ar ich another sheet to this n.						
		ibe Your House	hold							
1.	Is this a joir									
	□ No. Go to			ata hawaahald0						
	_		ın a separ	ate household?						
	■ N □ Y	-	st file Offic	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debt	or 2.			
2.	Do you have	e dependents?	□ No							
	Do not list Do Debtor 2.		■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?		
	Do not state	the						□ No		
	dependents names.				Daughter		15	■ Yes		
					_			□ No		
					Son		16	■ Yes		
					Son		19	□ No ■ Yes		
								■ Yes □ No		
					Son		20	■ Yes		
3.		enses include		No						
	expenses of yourself and	f people other t d your depende	^{han} nts? □	Yes						
Est	rt 2: Estim	ate Your Ongoi	ng Month our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp						
the		h assistance an		government assistance i cluded it on Schedule I:)			Your expe	enses		
4.		or home owners		uses for your residence. I or lot.	nclude first mortgag	e 4. \$		1,383.30		
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a. \$		332.17		
		rty, homeowner's	s, or renter	's insurance		4a. \$		139.50		
	•	•	•	upkeep expenses		4c. \$		200.00		
		owner's associat				4d. \$		0.00		
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00		

Debtor 1 Debtor 2		Samuel Dean Johnson Lois M. Johnson	Case num	Case number (if known) 25-00133-JAW			
6.	Utiliti						
	6a.	Electricity, heat, natural gas	6a.	·	495.00		
	6b.	Water, sewer, garbage collection	6b.		0.00		
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	320.00		
	6d.	Other. Specify: Trash Bill	6d.		18.00		
		Internet Services		\$	60.00		
		Fish Pond & Shop Electricity		\$	435.00		
7.		and housekeeping supplies	7.	\$	1,080.00		
8.		care and children's education costs	8.	\$	650.00		
9.		ing, laundry, and dry cleaning	9.	\$	250.00		
		onal care products and services	10.	\$	60.00		
11.		cal and dental expenses	11.	\$	500.00		
12.		sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	800.00		
13		rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	850.00		
		itable contributions and religious donations	14.		62.75		
	Insur	<u> </u>			02.73		
		of include insurance deducted from your pay or included in lines 4 or 20.					
		Life insurance	15a.	\$	0.00		
	15b.	Health insurance	15b.	\$	0.00		
	15c.	Vehicle insurance	15c.	\$	466.67		
	15d.	Other insurance. Specify: AAA	15d.	\$	172.00		
16.	Taxes Speci	s. Do not include taxes deducted from your pay or included in lines 4 or 20. fy:	 16.	\$	0.00		
17.		Ilment or lease payments:					
	17a.	Car payments for Vehicle 1	17a.	\$	0.00		
	17b.	Car payments for Vehicle 2	17b.	\$	0.00		
	17c.	Other. Specify:	17c.	\$	0.00		
	17d.	Other. Specify:	17d.	\$	0.00		
	dedu	payments of alimony, maintenance, and support that you did not report as cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00		
19.		r payments you make to support others who do not live with you.		\$	0.00		
	Speci	·	19.				
20.		r real property expenses not included in lines 4 or 5 of this form or on Sche Mortgages on other property	edule I: Yo 20a.		0.00		
		Real estate taxes	20b.	·	0.00		
		Property, homeowner's, or renter's insurance	20c.	·	0.00		
		Maintenance, repair, and upkeep expenses	20d.	·	0.00		
		Homeowner's association or condominium dues	20e.	·	0.00		
21		r: Specify: Accountant		+\$	56.25		
		stock/Pet Food		+\$	250.00		
	Gifts			+\$	100.00		
		/Garden		+\$	45.00		
		or Miscellaneous		+\$	30.00		
	IVIIIIO	i Miscellalieous			30.00		
22.		ılate your monthly expenses					
		Add lines 4 through 21.		\$	8,755.64		
	22b. (Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$			
	22c. A	Add line 22a and 22b. The result is your monthly expenses.		\$	8,755.64		
23.		ulate your monthly net income.					
		Copy line 12 (your combined monthly income) from Schedule I.	23a.		5,603.74		
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	8,755.64		
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	-3,151.90		
24	Do w	ou expect an increase or decrease in your expenses within the year after yo	ou filo thic	form?			

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Decrease - Fish Pond Electricity Increase - Food, Vehicle Mainenance, Medical